



EMERGENCY VEHICLE DESIGNATION APPLICATION
ATCHISON COUNTY KANSAS
BY AUTHORITY OF THE ATCHISON COUNTY COMMISSION
PURSUANT TO K. S. A. 8-2010

Please type or print the following information:

| | | | |
|-------------|--|-------------|--|
| County: | | Name: | |
| Make: | | Telephone: | |
| Model: | | Address: | |
| Year: | | City: | |
| License # : | | State, Zip: | |

Applicant is:

| | | | |
|--------------------------|--|--------------------------|---|
| <input type="checkbox"/> | Municipal Law Enforcement Agency | <input type="checkbox"/> | Municipal Fire Agency |
| <input type="checkbox"/> | Municipal Ambulance Service | <input type="checkbox"/> | Private Sector Ambulance |
| <input type="checkbox"/> | Private Sector Wrecker | <input type="checkbox"/> | County Emergency Management |
| <input type="checkbox"/> | Civil Defense | <input type="checkbox"/> | Public Utilities |
| <input type="checkbox"/> | Volunteer Fire Agency | <input type="checkbox"/> | Volunteer Fireman (Private Vehicle) |
| <input type="checkbox"/> | Fire Chief Township (Private Vehicle) | <input type="checkbox"/> | Municipal Fire Chief (Private Vehicle) |
| <input type="checkbox"/> | County Ambulance | <input type="checkbox"/> | County Law Enforcement Agency |
| <input type="checkbox"/> | County Rescue Vehicle | <input type="checkbox"/> | Municipal Chief of Police (Private Vehicle) |
| <input type="checkbox"/> | Police Officer (Private Vehicle) | <input type="checkbox"/> | Undersheriff or Deputy (Private Vehicle) |
| <input type="checkbox"/> | State Law Enforcement Officer | <input type="checkbox"/> | County Sheriff (Private Vehicle) |
| <input type="checkbox"/> | Director of Emergency Management (Private Vehicle) | | |

Attach the following:

| | | | |
|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | Proof of Insurance (minimum \$500,000 Combined Single Policy Limit) | <input type="checkbox"/> | Acknowledgement from Insurer that vehicle may be designated as an authorized emergency vehicle |
| <input type="checkbox"/> | Completion certificate for Defensive Driver Training | <input type="checkbox"/> | Completion certificate for CEVO (Certified Emergency Vehicle Operator) Training |

Initial each of the following:

| | | | |
|--------------------------|--|--------------------------|---|
| <input type="checkbox"/> | I apply for authorized emergency vehicle designation for the above-mentioned vehicle | <input type="checkbox"/> | I do now hold, and will continue to maintain, liability insurance coverage for the vehicle, with at least a \$500,000 Combined Single Policy Limit. |
| <input type="checkbox"/> | I authorize Atchison County to conduct a search of my motor vehicle driving record. | <input type="checkbox"/> | I will promptly notify the Atchison County Sheriff of any change in ownership or insurance on the vehicle. |

I HEARBY CERTIFY, I have read and agree to abide by the conditions set forth in the Kansas statutes and associated Kansas Administrative Regulations which relate to "Authorized Emergency Vehicle".

I FURTHER CERTIFY, I will drive with due regard for the safety of others in accordance with K.S.A. 8-1506

I FURTHER CERTIFY, violating any of these laws and/or rules may be sufficient grounds for the cancellation of my/our vehicle being designated as an "Authorized Emergency Vehicle".

I FURTHER CERTIFY, this vehicle will be used as follows:

| | |
|-----------------|------------------------------|
| 1. Area of Use: | 2. Manner or Purpose of Use: |
| | |

Signature of Applicant: _____

Date: _____

FOR COUNTY USE ONLY:

| | |
|--------------------------------------|--|
| Comments by Emergency Management: | |
| Comments by Atchison County Sheriff: | |

Action by Board of Atchison County Commissioners:

_____ Approved, with expiration date of _____
 _____ Denied

Signature of Board Chairman: _____ Date: _____

APPROVED SIGNATURES:

| | | | |
|-----------------------------------|--|-------|--|
| Sheriff | | Date: | |
| Fire Chief/Agency: | | Date: | |
| Chief of Police/City: | | Date: | |
| Mayor/City: | | Date: | |
| Director of Emergency Management: | | Date: | |